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16310 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	022038-000300US
First Inventor	Linn, Eric
Title	BLADE LOCKING MECHANISM
Express Mail Label No.	EL979145953US

APPLICATION ELEMENTS		ADDRESS TO		
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 22141 U.S. PTO 10/777465 </div>		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. <input checked="" type="checkbox"/> Specification [Total Pages 12] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)			
- Descriptive title of the Invention	b. Specification Sequence Listing on:			
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> Paper number of pages			
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies			
- Background of the Invention	ACCOMPANYING APPLICATIONS PARTS			
- Brief Summary of the Invention	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Description of the Drawings (if filed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney			
- Detailed Description	11. <input type="checkbox"/> English Translation Document (if applicable)			
- Claim(s)	12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations			
- Abstract of the Disclosure	13. <input type="checkbox"/> Preliminary Amendment			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
5. Oath or Declaration [Total Pages 2]	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	17. <input type="checkbox"/> Other:			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Art Unit: _____				
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number		20350		
		OR <input type="checkbox"/> Correspondence address below		
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Name (Print/Type)	Raymond B. Hom	Registration No. (Attorney/Agent)	44,773	
Signature	<i>Raymond B Hom</i>	Date	Feb 11, 2004	